



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2007  
OF THE CONDITION AND AFFAIRS OF THE

Physicians Health Plan of Mid-Michigan FamilyCare

NAIC Group Code 3408 (Current Period), 3408 (Prior Period) NAIC Company Code 11537 Employer's ID Number 36-4497604

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life Accident and Health [ ], Dental Service Corporation [ ], Health Maintenance Organization [X] Property/Casualty [ ], Vision Service Corporation [ ], Is HMO Federally Qualified? Yes ( ) No (X) Hospital, Medical and Dental Service or Indemnity [ ], Other [ ]

Incorporated/Organized May 23, 2002 Commenced Business January 1, 2003

Statutory Home Office 1400 E Michigan Avenue, Lansing, Michigan 48912 (Street and Number, City or Town, State and Zip Code)

Main Administrative Office 1400 E Michigan Avenue, Lansing, Michigan 48912 (Street and Number, City or Town, State and Zip Code) 517-364-8400 (Area Code) (Telephone Number)

Mail Address PO Box 30377, Lansing, Michigan 48909 (Street and Number, City or Town, State and Zip Code)

Primary Location of Books and Records 1400 E Michigan Avenue, Lansing, Michigan 48912 (Street and Number, City or Town, State and Zip Code) 517-364-8400 (Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Jackie Eddy (Name) 517-364-8400 (Area Code) (Telephone Number) (Extension) jackie.eddy@phpmm.org (E-Mail Address) 517-364-8407 (Fax Number)

OFFICERS

Scott Wilkerson (President) Chris Bergman (Treasurer)  
David Vis (Assistant Secretary) Randy Rifkin (Secretary)

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Scott Wilkerson  
Marylee Davis, PhD  
Jeannie Hudson

State of Michigan }  
County of Ingham } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Scott Wilkerson President Chris Bergman Treasurer David Vis Assistant Secretary

Subscribed and sworn to before me this day of a. Is this an original filing? Yes (X) No ( )  
b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0499999 - Premiums due and unpaid from Medicaid entities .....	63,840					63,840
0599999 - Accident and health premiums due and unpaid (Page 2, Line 13) .....	63,840					63,840

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
MEDCO PHARMACY REBATES .....	92,446			14,176	14,176	92,446
DATA BANK-PSYCHOTROPIC .....	100,048					100,048
0199999 - Pharmaceutical Rebate Receivables .....	192,494			14,176	14,176	192,494
0799999 - Gross Health Care Receivables .....	192,494			14,176	14,176	192,494

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0399999 - Aggregate accounts not individually listed-covered .....	462,634	250,631	162,063	102,894	242,900	1,221,122
0499999 - Subtotals .....	462,634	250,631	162,063	102,894	242,900	1,221,122
0599999 - Unreported claims and other claim reserves .....						3,975,140
0799999 - Total claims unpaid .....						3,975,140
0899999 - Accrued medical incentive pool and bonus amounts .....						202,968

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1  Name of Affiliate	2  1 - 30 Days	3  31 - 60 Days	4  61 - 90 Days	5  Over 90 Days	6  Nonadmitted	Admitted	
						7  Current	8  Non-Current
Individually listed receivables							
PHYSICIANS HEALTH PLAN OF MID MICHIGAN .....	86,000					86,000	
PHYSICIANS HEALTH NETWORK .....	504,073	2,407,520				2,911,593	
0199999 - Subtotal - Individually listed receivables .....	590,073	2,407,520				2,997,593	
0399999 - TOTAL gross amounts receivable .....	590,073	2,407,520				2,997,593	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
PHYSICIANS HEALTH PLAN OF MID MICHIGAN .....	INTERCOMPANY PAYABLES .....	275,214	275,214	
PHYSICIANS HEALTH NETWORK .....	INTERCOMPANY PAYABLES .....	3,249,305	3,249,305	
0199999 - Subtotal - Individually listed payables .....		3,524,519	3,524,519	
0399999 - TOTAL gross payables .....		3,524,519	3,524,519	

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Physicians Health Plan of Mid-Michigan FamilyCare

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1  Direct Medical Expense Payment	2  Column 1 as a Percentage of of Total Payments	3  Total Members Covered	4  Column 3 as a Percentage of Total Members	5  Column 1 Expenses Paid to Affiliated Providers	6  Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....						
2. Intermediaries .....	645,594	1.792	16,328	100.000		645,594
3. All other providers .....						
4. Total capitation payments .....	645,594	1.792	16,328	100.000		645,594
Other Payments:						
5. Fee-for-service .....	2,371,079	6.580	X X X	X X X		2,371,079
6. Contractual fee payments .....	33,018,159	91.628	X X X	X X X	15,188,353	17,829,806
7. Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9. Non-contingent salaries .....			X X X	X X X		
10. Aggregate cost arrangements .....			X X X	X X X		
11. All other payments .....			X X X	X X X		
12. Total other payments .....	35,389,238	98.208	X X X	X X X	15,188,353	20,200,885
13. Total (Line 4 plus Line 12) .....	36,034,832	100%	X X X	X X X	15,188,353	20,846,479

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1  NAIC Code	2  Name of Intermediary	3  Capitation Paid	4  Average Monthly Capitation	5  Intermediary's Total Adjusted Capital	6  Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	UNITED BEHAVIORAL HEALTH .....	645,594		53,800	
9999999 - TOTAL	Transactions with intermediaries .....	645,594			

Page 24

Exhibit 8, Furniture and Equipment and Supplies Owned

NONE

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ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Physicians Health Plan of Mid-Michigan FamilyCare

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

PHYSICIANS HEALTH PLAN OF MID MICHIGAN - FAMILYCARE

2. LANSING, MICHIGAN

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2007

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,515								16,515	
2. First Quarter	17,065								17,065	
3. Second Quarter	16,686								16,686	
4. Third Quarter	16,198								16,198	
5. Current Year	16,238								16,238	
6. Current Year Member Months	200,397								200,397	
Total Member Ambulatory Encounters for Year:										
7. Physician	95,056								95,056	
8. Non-Physician	46,819								46,819	
9. Total	141,875								141,875	
10. Hospital Patient Days Incurred	9,988								9,988	
11. Number of Inpatient Admissions	2,611								2,611	
12. Health Premiums Written (b)	42,172,775								42,172,775	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	42,172,775								42,172,775	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	36,034,832								36,034,832	
18. Amount Incurred for Provision of Health Care Services	35,460,380								35,460,380	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Physicians Health Plan of Mid-Michigan FamilyCare

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

PHYSICIANS HEALTH PLAN OF MID MICHIGAN - FAMILYCARE

2. LANSING, MICHIGAN

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 11537

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2007

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,515								16,515	
2. First Quarter	17,065								17,065	
3. Second Quarter	16,686								16,686	
4. Third Quarter	16,198								16,198	
5. Current Year	16,238								16,238	
6. Current Year Member Months	200,397								200,397	
Total Member Ambulatory Encounters for Year:										
7. Physician	95,056								95,056	
8. Non-Physician	46,819								46,819	
9. Total	141,875								141,875	
10. Hospital Patient Days Incurred	9,988								9,988	
11. Number of Inpatient Admissions	2,611								2,611	
12. Health Premiums Written (b)	42,172,775								42,172,775	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	42,172,775								42,172,775	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	36,034,832								36,034,832	
18. Amount Incurred for Provision of Health Care Services	35,460,380								35,460,380	

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

**Page 31**

Schedule A, Verification Between Years  
**NONE**

Schedule B, Verification Between Years  
**NONE**

Schedule BA, Verification Between Years  
**NONE**

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book / Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1  1 Year or Less	2  Over 1 Year Through 5 Years	3  Over 5 Years Through 10 Years	4  Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7  Column 6 as a % of Line 10.7	8  Total from Column 6 Prior Year	9  % From Column 7 Prior Year	10  Total Publicly Traded	11  Total Privately Placed (a)
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Class 1 .....											
1.2 Class 2 .....											
1.3 Class 3 .....											
1.4 Class 4 .....											
1.5 Class 5 .....											
1.6 Class 6 .....											
1.7 Totals .....											
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Class 1 .....											
2.2 Class 2 .....											
2.3 Class 3 .....											
2.4 Class 4 .....											
2.5 Class 5 .....											
2.6 Class 6 .....											
2.7 Totals .....											
3. States, Territories and Possessions etc., Guaranteed, Schedules D and DA (Group 3)	NONE										
3.1 Class 1 .....											
3.2 Class 2 .....											
3.3 Class 3 .....											
3.4 Class 4 .....											
3.5 Class 5 .....											
3.6 Class 6 .....											
3.7 Totals .....											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Class 1 .....											
4.2 Class 2 .....											
4.3 Class 3 .....											
4.4 Class 4 .....											
4.5 Class 5 .....											
4.6 Class 6 .....											
4.7 Totals .....											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Class 1 .....											
5.2 Class 2 .....											
5.3 Class 3 .....											
5.4 Class 4 .....											
5.5 Class 5 .....											
5.6 Class 6 .....											
5.7 Totals .....											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book / Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1  1 Year or Less	2  Over 1 Year Through 5 Years	3  Over 5 Years Through 10 Years	4  Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7  Column 6 as a % of Line 10.7	8  Total from Column 6 Prior Year	9  % From Column 7 Prior Year	10  Total Publicly Traded	11  Total Privately Placed (a)
6. Public Utilities (Unaffiliated) , Schedules D and DA (Group 6)											
6.1 Class 1 .....											
6.2 Class 2 .....											
6.3 Class 3 .....											
6.4 Class 4 .....											
6.5 Class 5 .....											
6.6 Class 6 .....											
6.7 Totals .....											
7. Industrial and Miscellaneous (Unaffiliated) , Schedules D and DA (Group 7)											
7.1 Class 1 .....	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	
7.2 Class 2 .....											
7.3 Class 3 .....											
7.4 Class 4 .....											
7.5 Class 5 .....											
7.6 Class 6 .....											
7.7 Totals .....	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	
8. Credit Tenant Loans , Schedules D and DA (Group 8)											
8.1 Class 1 .....											
8.2 Class 2 .....											
8.3 Class 3 .....											
8.4 Class 4 .....											
8.5 Class 5 .....											
8.6 Class 6 .....											
8.7 Totals .....											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Class 1 .....											
9.2 Class 2 .....											
9.3 Class 3 .....											
9.4 Class 4 .....											
9.5 Class 5 .....											
9.6 Class 6 .....											
9.7 Totals .....											

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Physicians Health Plan of Mid-Michigan FamilyCare

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31 , at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1	2	3	4	5	6	7	8	9	10	11
	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10. 7	Total from Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	9,770,864					9,770,864	100.0	X X X	X X X	9,770,864	
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 Totals	9,770,864					(b) 9,770,864	100.0	X X X	X X X	9,770,864	
10.8 Line 10.7 as a % of Column 6	100.0					100.0	X X X	X X X	X X X	100.0	
11. Total Bonds Prior Year											
11.1 Class 1	8,284,991					X X X	X X X	8,284,991	100.0	8,284,991	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 Totals	8,284,991					X X X	X X X	(b) 8,284,991	100.0	8,284,991	
11.8 Line 11.7 as a % of Column 8	100.0					X X X	X X X	100.0	X X X	100.0	
12. Total Publicly Traded Bonds											
12.1 Class 1	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 Totals	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	X X X
12.8 Line 12.7 as a % of Column 6	100.0					100.0	X X X	X X X	X X X	100.0	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.0					100.0	X X X	X X X	X X X	100.0	X X X
13. Total Privately Placed Bonds											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$ .....freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ .....current year, \$ .....prior year of bonds with Z designations and \$ .....current year, \$ .....prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ .....current year, \$ .....prior year of bonds with 5\* designations and \$ .....current year, \$ .....prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31 , At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Issuer Obligations											
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals											
2. All Other Governments, Schedules D and DA (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc. , Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Issuer Obligations											
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals											

NONE

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31 , At Book /Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10. 7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated) , Schedules D and DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated) , Schedules D and DA (Group 7)											
7.1 Issuer Obligations	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 Totals	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	
8. Credit Tenant Loans, Schedules D and DA (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates , Schedules D and DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31 , At Book /Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	9,770,864					9,770,864	100.0	XXX XXX	XXX XXX	9,770,864	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								XXX XXX	XXX XXX		
10.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								XXX XXX	XXX XXX		
10.6 Other											
10.7 Totals	9,770,864					9,770,864	100.0	XXX XXX	XXX XXX	9,770,864	
10.8 Line 10.7 as a % of Column 6	100.0					100.0	XXX			100.0	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	8,284,991					XXX XXX	XXX XXX	8,284,991	100.0	8,284,991	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX XXX	XXX XXX				
11.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						XXX XXX	XXX XXX				
11.6 Other											
11.7 Totals	8,284,991					XXX XXX	XXX XXX	8,284,991	100.0	8,284,991	
11.8 Line 11.7 as a % of Column 8	100.0								XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	XXX XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											XXX XXX
12.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											XXX XXX
12.6 Other											
12.7 Totals	9,770,864					9,770,864	100.0	8,284,991	100.0	9,770,864	XXX XXX
12.8 Line 12.7 as a % of Column 6	100.0					100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.0					100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										XXX XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										XXX XXX	
13.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										XXX XXX	
13.6 Other											
13.7 Totals										XXX XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	8,284,991	8,284,991			
2. Cost of short-term investments acquired	53,711,119	53,711,119			
3. Increase (decrease) by adjustment					
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments	52,225,246	52,225,246			
7. Book/adjusted carrying value, current year	9,770,864	9,770,864			
8. Total valuation allowance					
9. Subtotal (Line 7 plus Line 8)	9,770,864	9,770,864			
10. Total nonadmitted amounts					
11. Statement value (Line 9 minus Line 10)	9,770,864	9,770,864			
12. Income collected during year	341,559	341,559			
13. Income earned during year	394,358	394,358			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

**Page 40**

Schedule DB, Part A, Verification Between Years  
**NONE**

Schedule DB, Part B, Verification Between Years  
**NONE**

**Page 41**

Schedule DB, Part C, Verification Between Years  
**NONE**

Schedule DB, Part D, Verification Between Years  
**NONE**

Schedule DB, Part E, Verification of Statement and Fair Values  
**NONE**

**Page 42**

Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open  
**NONE**

**Page 43**

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets  
**NONE**

**Page 44**

Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health  
**NONE**

**Page 45**

Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses  
**NONE**

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31 , Current Year

1  NAIC Company Code	2  Federal ID Number	3  Effective Date	4  Name of Company	5  Location	6  Type	7  Premiums	8  Unearned Premiums (estimated)	9  Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12  Modified Coinsurance Reserve	13  Funds Withheld Under Coinsurance
									10  Current Year	11  Prior Year		
Authorized General Account, Non-Affiliates												
93440	06-1041332	01/01/2007	HM LIFE INSURANCE COMPANY	PITTSBURGH, PA 15222-3099	SSL/A/G	195,848						
0299999 - Authorized General Account, Non-Affiliates						195,848						
0399999 - Total Authorized General Account						195,848						
0799999 - Total Authorized and Unauthorized General Account						195,848						
1599999 - GRAND TOTAL						195,848						

**Page 47**

Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies

**NONE**

SCHEDULES S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1	2	3	4	5
	2007	2006	2005	2004	2003
A. OPERATIONS ITEMS					
1. Premiums .....					
2. Title XVIII - Medicare .....					
3. Title XIX - Medicaid .....	196	139	173	168	149
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....				50	12
9. Experience rating refunds due or unpaid .....				25	35
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Column 3)</b>			
1. Cash and invested assets (Line 10) .....	12,929,138		12,929,138
2. Accident and health premiums due and unpaid (Line 13) .....	63,840		63,840
3. Amounts recoverable from reinsurers (Line 14.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	3,482,572		3,482,572
6. Total assets (Line 26) .....	16,475,550		16,475,550
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	5,196,262		5,196,262
8. Accrued medical incentive pool and bonus payments (Line 2) .....	202,968		202,968
9. Premiums received in advance (Line 8) .....			
10. Funds held under reinsurance treaties with authorized and unauthorized insurers (Line 17) .....			
11. Reinsurance in unauthorized companies (Line 18) .....			
12. All other liabilities (Balance) .....	4,430,014		4,430,014
13. Total liabilities (Line 22) .....	9,829,244		9,829,244
14. Total capital and surplus (Line 31) .....	6,646,306	X X X	6,646,306
15. Total liabilities, capital and surplus (Line 32) .....	16,475,550		16,475,550
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid .....			
17. Accrued medical incentive pool .....			
18. Premiums received in advance .....			
19. Reinsurance recoverable on paid losses .....			
20. Other ceded reinsurance recoverables .....			
21. Total ceded reinsurance recoverables .....			
22. Premiums receivable .....			
23. Funds held under reinsurance treaties with authorized and unauthorized insurers .....			
24. Unauthorized reinsurance .....			
25. Other ceded reinsurance payables/offsets .....			
26. Total ceded reinsurance payables/offsets .....			
27. Total net credit for ceded reinsurance .....			



SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
•	38-2594856	Physicians Health Network	(2,500,000)				210,283,454				207,783,454	
95849	38-2356288	Physicians Health Plan of Mid-Michigan					(190,441,263)				(190,441,263)	
11537	36-4497604	Physicians Health Plan of MM FamilyCare					(33,033,183)				(33,033,183)	
	38-3344741	Physicians Health Plan of MM TPA					(2,228,215)				(2,228,215)	
12816	20-5565219	PHPMM Insurance Company					(394,757)				(394,757)	
	38-1360584	Sparrow Health System					11,433,859				11,433,859	
	38-3361367	Physicians Health Plans Shared Services	2,500,000				4,380,105				6,880,105	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....  
.....  
.....  
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 460:	
2. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 440:	
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 390:	
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 390:	
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 350:	
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 285:	
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 210:	
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
EXPLANATION: .....	
BARCODE:  Document Identifier 220:	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION: .....		
BARCODE:	1 1 5 3 7 2 0 0 7 3 6 0 0 0 0 0 0	
Document Identifier 360:		
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: .....		
BARCODE:	1 1 5 3 7 2 0 0 7 2 0 5 0 0 0 0 0	
Document Identifier 205:		
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: .....		
BARCODE:	1 1 5 3 7 2 0 0 7 2 0 7 0 0 0 0 0	
Document Identifier 207:		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
EXPLANATION: .....		
BARCODE:		
Document Identifier 420:		
13.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
EXPLANATION: .....		
BARCODE:		
Document Identifier 365:		
APRIL FILING		
14.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
EXPLANATION: .....		
BARCODE:	1 1 5 3 7 2 0 0 7 3 3 0 0 0 0 0 0	
Document Identifier 330:		
15.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION: .....		
BARCODE:	1 1 5 3 7 2 0 0 7 2 1 1 0 0 0 0 0	
Document Identifier 211:		
16.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
EXPLANATION: .....		
BARCODE:	1 1 5 3 7 2 0 0 7 2 1 3 0 0 0 0 0	
Document Identifier 213:		



ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Physicians Health Plan of Mid-Michigan FamilyCare

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance  
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE

Health

Annual Statement Blank Alphabetical Index

Analysis of Operations By Lines of Business .....	7	Schedule DB - Part C - Section 1 .....	E19
Assets .....	2	Schedule DB - Part C - Section 2 .....	E19
Cash Flow .....	6	Schedule DB - Part C - Section 3 .....	E20
Exhibit 1 - Enrollment by Product Type for Health Business Only .....	17	Schedule DB - Part C - Verification Between Years .....	41
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18	Schedule DB - Part D - Section 1 .....	E20
Exhibit 3 - Health Care Receivables .....	19	Schedule DB - Part D - Section 2 .....	E21
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	20	Schedule DB - Part D - Section 3 .....	E21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	21	Schedule DB - Part D - Verification Between Years .....	41
Exhibit 6 - Amounts Due to Parent, Subsidiaries and Affiliates .....	22	Schedule DB - Part E - Section 1 .....	E22
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	23	Schedule DB - Part E - Verification Between Years .....	41
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	23	Schedule DB - Part F - Section 1 .....	42
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	24	Schedule DB - Part F - Section 2 .....	43
Exhibit of Capital Gains (Losses) .....	15	Schedule E - Part 1 - Cash .....	E23
Exhibit of Net Investment Income .....	15	Schedule E - Part 2 - Cash Equivalents .....	E24
Exhibit of Nonadmitted Assets .....	16	Schedule E - Part 3 - Special Deposits .....	E25
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30	Schedule S - Part 1 - Section 2 .....	44
Five-Year Historical Data .....	29	Schedule S - Part 2 .....	45
General Interrogatories .....	27	Schedule S - Part 3 - Section 2 .....	46
Jurat Page .....	1	Schedule S - Part 4 .....	47
Liabilities, Capital and Surplus .....	3	Schedule S - Part 5 .....	48
Notes to Financial Statements .....	25	Schedule S - Part 6 .....	49
Overflow Page for Write-ins .....	55	Schedule T - Part 2 - Interstate Compact .....	51
Schedule A - Part 1 .....	E01	Schedule T - Premiums and Other Considerations .....	50
Schedule A - Part 2 .....	E02	Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	52
Schedule A - Part 3 .....	E03	Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	53
Schedule A - Verification Between Years .....	31	Statement of Revenue and Expenses .....	4
Schedule B - Part 1 .....	E04	Summary Investment Schedule .....	26
Schedule B - Part 2 .....	E05	Supplemental Exhibits and Schedules Interrogatories .....	54
Schedule B - Verification Between Years .....	31	Underwriting and Investment Exhibit - Part 1 .....	8
Schedule BA - Part 1 .....	E06	Underwriting and Investment Exhibit - Part 2 .....	9
Schedule BA - Part 2 .....	E07	Underwriting and Investment Exhibit - Part 2A .....	10
Schedule BA - Verification Between Years .....	31	Underwriting and Investment Exhibit - Part 2B .....	11
Schedule D - Part 1 .....	E08	Underwriting and Investment Exhibit - Part 2C .....	12
Schedule D - Part 1A - Section 1 .....	33	Underwriting and Investment Exhibit - Part 2D .....	13
Schedule D - Part 1A - Section 2 .....	36	Underwriting and Investment Exhibit - Part 3 .....	14
Schedule D - Part 2 - Section 1 .....	E09		
Schedule D - Part 2 - Section 2 .....	E10		
Schedule D - Part 3 .....	E11		
Schedule D - Part 4 .....	E12		
Schedule D - Part 5 .....	E13		
Schedule D - Part 6 - Section 1 .....	E14		
Schedule D - Part 6 - Section 2 .....	E14		
Schedule D - Summary by Country .....	32		
Schedule D - Verification Between Years .....	32		
Schedule DA - Part 1 .....	E15		
Schedule DA - Part 2 - Verification Between Years .....	39		
Schedule DB - Part A - Section 1 .....	E16		
Schedule DB - Part A - Section 2 .....	E16		
Schedule DB - Part A - Section 3 .....	E17		
Schedule DB - Part A - Verification Between Years .....	40		
Schedule DB - Part B - Section 1 .....	E17		
Schedule DB - Part B - Section 2 .....	E18		
Schedule DB - Part B - Section 3 .....	E18		
Schedule DB - Part B - Verification Between Years .....	40		